

**Docket: 106062-59279**

Applicants: Mustapha Abarghaz  
U.S. Patent No.: TBA  
Serial No.: 10/582,131  
Filing Date: June 8, 2006  
Title: Benzo 1-4-diazepin-2-one derivatives as phosphodiesterase pde2 inhibitors, preparation and therapeutic use thereof

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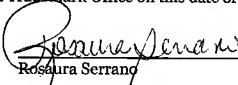
**Enclosures:**

1. Transmittal Form SB/21
  2. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address
  3. Statement Under 37 CFR 3.73(b)
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I, Rosaura Serrano, hereby certify that the foregoing documents are being filed via EFS-Web with the United States Patent and Trademark Office on this date of **June 21, 2007**.

Signature:

  
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(to be used for all correspondence after initial filing)

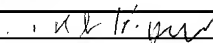
Total Number of Pages in This Submission

Application Number	10/582,131
Filing Date	June 8, 2006
First Named Inventor	Mustapha Abarghaz
Art Unit	1614
Examiner Name	TBA
Attorney Docket Number	106062-59279

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1) Power of Attorney
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2) Statement Under 37 CFR 3.73(b)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	3) Certificate of Local Submission
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks _____	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Gibbons P.C.		
Signature			
Printed name	William H. Epstein		
Date	June 21, 2007	Reg. No.	20,008

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